

Hamilton Point to Point * Kids Cross Country Race

April 26, 2014

Registration and Waiver Form

Participant's Name: _____

Participant's Grade: _____ School of Attendance: _____

Requested (but not guaranteed) t-shirt size: _____ YM _____ YL _____ AS _____ AM

Race Check-in Location: Front of Hamilton Elementary School (HES) Check-in Time: 7:15am-7:45 am

RACE TIME: K-3	8:00 am	RACE COURSE:	½ mile (1 lap) around HES
4 th – 5 th Grade	8:15 am		½ mile (1 lap) around HES
6 th – 8 th Grade	8:30 am		2 miles (4 laps) around HES

AWARDS: 1st, 2nd & 3rd place finishes in each of the three categories will receive an award and recognition during a Hamilton Day presentation at noon on the baseball field.

RACE FEE: \$10.00 Check payable to Town of Hamilton
Mail to: PO Box 130, Hamilton, VA 20159, or
drop off at Town Office 53 E Colonial Hwy, Hamilton, VA 20158
Race bib and race t-shirt distributed on race day, upon full payment fee.

REGISTRATION DEADLINE: By mail, postmark by Tuesday, April 22, 2014
After April 22nd drop off at Town Office through April 25th
Race Day @ HES 7:15 am – 7:45am
Registration complete when payment received; No Refunds

I would like to register my child (participant above) to run in the 2014 Hamilton Point to Point cross county race to be held as part of the Hamilton Day 2014 festivities on Saturday, April 26, 2014. I, for my child, family members and myself, acknowledge that running can be a hazardous activity and that my child should not enter the Hamilton Point to Point race and run unless medically able and properly trained. I, for my child, family members and myself, assume all risks associated with running, including, but not limited to: falls, weather conditions and other course conditions, contact with and actions of other participants, the effects of the road and uneven ground on the course, all such risks being known or unknown. Having read this waiver and knowing these facts, I, for my child, family members and myself, and anyone entitled to act on my behalf, hereby release and indemnify the Town of Hamilton, Loudoun County Public Schools, Hamilton Elementary School, the Hamilton Day organizers, race organizers, event partners, sponsors, volunteers, and all of their representatives and successors from all claims or liability of any kind arising out of participation in this race even though that liability may arise out of negligence or carelessness on the part of the persons and entities named in this waiver. Additionally, I, for my child, family members and myself, grant permission to all of the foregoing to use any photographs, motion pictures, or other record of this event for any legitimate purpose without compensation. For safety reasons, I, for my child, family members and myself, agree not to participate with any of the following: wheelchairs, strollers, baby joggers, skates, pets or headsets. I, for my child, family members and myself, understand that there are no refunds for the cancellation of the event for any reasons. It is further understood that this event may change in date or location in the discretion of the Hamilton Day organizers.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date